# *San Francisco Veterans Administration Health Care System*
# *Postdoctoral Residency in Clinical Neuropsychology*

## *Brochure and Application Materials*

## *2021-2023*

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**Postdoctoral Residency Program**

**(Revised 10 6 2020)**

# San Francisco Veterans Administration Health Care System
# Postdoctoral Residency in Clinical Neuropsychology

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**Dear Prospective Applicant:**

Thank you for your interest in the **two-year Postdoctoral Clinical Neuropsychology Residency** at the **San Francisco VA Medical Center**, with training scheduled to begin on or around September 7 2021 (TBD). One stipend will be available, at a rate of $55,656 annually the first year and $58,665 the second year. Federal health insurance coverage, holiday, sick and professional leave are provided. Our program is organized to provide two years of postdoctoral training; however, advancement to the second year is contingent on successful completion of the first-year requirements.

The residency training emphasis is in **clinical neuropsychology**. The resident will attend didactic seminars and rounds, receive supervised experience in clinical assessment and consultation, clinical interventions, research, teaching and supervision, and gain familiarity with administrative roles of clinical psychologists working in a VA hospital. The fellowship will satisfy postdoctoral supervised hour requirements for California licensure, and provide experiences that satisfy eligibility criteria for ABPP certification in Clinical Neuropsychology. Candidates must have completed an APA-approved internship and an APA-approved doctoral program prior to start of residency. Application deadline is **Friday, December 11th, 2020.**

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train residents to be qualified to go on to VA jobs, and others to go on to work in research, other medical centers, and the private sector.

The training program in Clinical Neuropsychology at the San Francisco VA Medical Center is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. The next site visit is scheduled for 2029. As with the other clinical psychology fellowships at the VA, the CN residency is affiliated with the University of California, San Francisco.

Please review our residency brochure and fill out the application form. If you have any questions about the residency, please feel free to call Johannes Rothlind Ph.D. at (415) 221-4810 ext 26346 or e-mail Johannes.Rothlind@va.gov.

SFVAHCS is an Affirmative Action/Equal Opportunity Employer. Minority applicants are especially encouraged to apply.

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**POSTDOCTORAL CLINICAL NEUROPSYCHOLOGY RESIDENCY PROGRAM**
**San Francisco VA Medical Center**

## The Training Setting

### SFVAHCS Web Site

*http://www.sanfrancisco.va.gov/index.asp*

The San Francisco VA Health Care System is a comprehensive network that provides health services to Veterans through the San Francisco VA Medical Center (SFVAHCS) and six community-based outpatient clinics in Santa Rosa, Eureka, Ukiah, Clearlake, San Bruno and downtown San Francisco. It has a long history of conducting cutting-edge research, establishing innovative medical programs, and providing compassionate care to Veterans.

Hospital and Mental Health Service Community:

The San Francisco VA Medical Center, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan and diverse cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings. SFVAHCS has several National Centers of Excellence in the areas of Epilepsy Treatment; Cardiac Surgery; Post Traumatic Stress Disorder; HIV; and Renal Dialysis. It has many other nationally recognized programs including: the Parkinson's Disease Research, Education, and Clinical Center (PADRECC); the Hepatitis C Resource Center; the Mental Illness Research & Education Clinical Center (MIRECC); and the Western Pacemaker and AICD Surveillance Program. SFVAHCS is designated as one of only five VA Centers of Excellence in Primary Care Education. It has also been selected as a Community Resource and Referral Center, one of only 12 locations designed to serve homeless and at-risk for homeless Veterans and their families. The Medical Center is the first VA to perform MRI-guided deep brain stimulation surgery and is one of only a few VA Medical Centers performing state-of-the-art transcatheter aortic valve replacement surgeries. The VA provides cognitive rehabilitation services to OEF/OIF veterans suffering from Traumatic Brain Injuries.

Each year San Francisco VA Medical Center provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The SFVAHCS is a tertiary referral center for other centers within VISN 21. SFVAHCS has 124 operating beds and a 120-bed Community Living Center. There is a specialized homeless Veterans clinic in downtown San Francisco. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance abuse programs. It is approved by the American Medical Association for

the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Psychological services and psychology training (including clinical neuropsychology services and training) are embedded within the SFVAHCS Mental Health Service (MHS) programs. The MHS and other medical and specialty programs have both inpatient and outpatient programs. MHS staff are engaged in multidisciplinary care in a variety of settings, interacting with a variety of specialty medical teams and service providers. Disciplines represented on these multidisciplinary teams include physicians from general medicine, neurology, psychiatry, and other medical specialties, clinical psychology, nursing (RN, CNS, NP), social work, addiction specialist, neurophysiology, speech pathology, physical therapy, occupational therapy, addiction therapy, pharmacy recreation therapy, and vocational rehabilitation, among others. The relationships between MHS staff (including neuropsychology) and other programs are enormously collaborative. The Neuropsychology section offers evaluation and consultation services widely, including to the programs within Mental Health, but also Primary Care and other specialty programs. The Neuropsychology section maintains an especially strong connection to programs within Neurology, including the Parkinson's Disease Research, Education, and Clinical Center (PADRECC), the Epilepsy Center of Excellence, and the Memory Evaluation Clinic. Neuropsychology clinical service delivery is also a key element of the Rehabilitation Medicine TBI clinical team. Both inpatient and outpatient clinical neuropsychological services are offered.

The SFVAHCS psychology staff is comprised of approximately 40 licensed psychologists. Many hold key positions in specialized treatment clinics within mental health, including General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction Recovery Treatment Services Programs, Neuropsychological and Psychological Assessment Program, Health Psychology, Integrated Mental Health and Primary Care, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in San Bruno, Downtown SF, Santa Rosa, Clearlake, Ukiah and Eureka, CA. There are several career development awardees (including psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive.

Patient Population within SFVAHCS

The San Francisco VA Medical Center is in one of the most culturally diverse cities and urban regions in the nation, and the veterans we serve represent a large mixture of cultural, ethnic/racial, socioeconomic and individual diversity. Veterans receiving services in our program span the ages of 18+ to 90+. Veterans do not have to have served in a war to receive benefits; however, large cohorts include those who served in Korean Conflict, many of whom are 80 years old or older, and the Vietnam Era veterans, many of whom are now in their seventies. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system.

Although the VA and our Neuropsychology program serve a predominantly male veteran population and their family and caregivers, our Women's Health Program serves our 2000+ women veterans, and the number of women veteran's accessing services is increasing. Bilingual backgrounds and ESL are not uncommon, and members of a large LGBTQ+ community of veterans receive services through SFVAHCS. Patients and their family/caregivers also span the spectrum of socioeconomic classes and levels of educational attainment. Individuals residing in both urban and rural settings receive services through our program. Given the

specialized nature of services provided, the PADRECC and Epilepsy Center of Excellence provide services to veterans from a larger catchment area extending beyond California to include Hawaii and portions of the Midwest. Many veterans referred for neuropsychological evaluation are coping with disabilities associated with medical/neurologic disorders, but also sensory and motor limitations, intellectual and learning disabilities, and mental health disorders.

Educational Mission:

Educating future health care providers is one of the five missions of the SFVAHCS and has a major presence within this institution. The San Francisco VA Medical Center is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and the VA itself has a long tradition of psychology training. The psychology pre-doctoral internship has been APA-accredited since 1979 with three full-time VA-funded pre-doctoral clinical positions. In 2000, the SFVAHCS Mental Health Service inaugurated a VA-funded clinical Postdoctoral psychology fellowship program in clinical psychology with emphasis in the areas of Substance Abuse and PTSD which is fully accredited by the American Psychological Association Committee on Accreditation. Subsequently we have added numerous additional post-doctoral training positions, including a Clinical Neuropsychology Residency, established in 2006, with initial APA CoA accreditation received in 2012, and now funded to enroll and train one new trainee each year. In 2019-20, the San Francisco VA Health Care System offered sixteen one-year postdoctoral psychology fellowships, in addition to the two positions in the two-year CN Residency. The other current focus areas for the clinical psychology post-doctoral fellowships are in: Community-Based, General Mental Health (2 positions located at the Santa Rosa CBOC), Geropsychology, HIV/HCV, Interprofessional LGBT Healthcare, Primary Care Psychology, PTSD and Returning Veterans, PTSD and Substance Use Disorders, Psychosocial Rehabilitation, Substance Use, PTSD and Co-occuring Disorders, Women's Mental Health and Primary Care: Evidence-Based Psychotherapy, and Women's Mental Health and Trauma. One cornerstone of our Psychology training model includes development of advanced clinical proficiencies and knowledge in clinical psychology but also exposure of our trainees to the unique contributions of various disciplines in a multidisciplinary health care environments serving veterans.

Research at SFVAHCS:

In addition to its broader commitment to the veteran population and education, SFVAHCS has one of the largest funded research program in the Veterans Health Administration with more than $70 million in annual research expenditures. There are many active research projects currently being conducted involving a neuroscience focus. The Medical Center is one of the few in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurodegenerative Diseases. Additionally, SFVAHCS has established a unique partnership with the Department of Defense (DoD) to study the basic neuroscience and neuroimaging of combat-related brain and spinal cord injuries, PTSD and other neurological combat-related injuries and predictors of injuries of war fighters. DoD considers this program a national resource. SFVAHCS also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers $50 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research.

UCSF-Affiliation

For over 50 years, the San Francisco VA Health Care System has maintained affiliation with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country. The SFVAHCS trains 1500+ of their students in 60+ professional and allied health academic programs yearly. Supervising psychologists at SFVAHCS have clinical faculty appointments in the Weill Institute for Neurosciences and Department of Psychiatry and Behavioral Sciences at UCSF. Several of the core training faculty of the Clinical Neuropsychology Residency Training Program have their primary appointment UCSF. VA staff and trainees have access to the UCSF library, colloquia and seminars including weekly Psychiatry Grand Rounds. Mental Health Grand Rounds occur monthly at the SFVAHCS.

The Clinical Neuropsychology Residency offers its trainees supervised experiential and didactic training opportunities that take place at the UCSF Memory and Aging Center and UCSF Epilepsy Center, two programs offering world-class clinical services focused on neurodegenerative disorders and the evaluation and treatment of epilepsy. Opportunities for clinical training experiences at UCSF Medical Center further expand trainee's exposure to individuals of diverse backgrounds seeking neuropsychological services.

**Clinical Neuropsychology Residency Training Model, Program Aims and Philosophy**

The training model for CN Residency at the San Francisco VAMC derives from the prevailing model within the field of Clinical Neuropsychology as outlined by the Houston Conference Guidelines. Consistent with the Houston Conference guidelines for training in clinical neuropsychology, our program entails two years full-time supervised clinical training and didactic experiences, embracing a scientist-practitioner philosophy and organized to gradually expose the resident to increasingly advanced training activities. Trainees are expected to gain both knowledge-based and applied competencies with the aim of preparing them for entry-level position in the field of clinical neuropsychology. We believe that adherence to the scientist-practitioner model is the most effective means to develop competent practitioners in neuropsychology who can rapidly incorporate new knowledge into their clinical practice.

With the aim of training CN residents who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in specific core competencies. The training at the SFVAHCS fosters development of advanced competencies in core domains related to a) integrating science and practice in the practice of clinical psychology, b) being knowledgeable of and acting in ways that reflect adherence to ethical and legal standards, policy, and guidelines, and c) understanding of and ability to integrate knowledge and awareness of individual and cultural differences considerations in conduct of professional roles. More specifically, aims of our training program are to support residents in acquiring advanced knowledge and competence in:

a) Understanding of the interface between science and practice, and ability to integrate science and practice in carrying out the roles of clinical neuropsychologist. This includes knowledge of empirical foundations for clinical neuropsychology practice; knowledge in related fields, and ability to apply this scientific knowledge in clinical settings; apply key components of evidence-based practice in professional activities; and remain current regarding new empirical research and updates to practice standards in clinical neuropsychology.

b) Developing understanding of, and professional behaviors that are consistent with, ethical and legal standards, with rules, regulations, and policy governing practice at organizational, local, state, regional

and federal levels, and with professional practice guidelines as they apply to the clinical neuropsychology. Training activities support the resident in becoming conversant with ethical and legal issues relevant to neuropsychologist activities across settings; learning to recognize ethical dilemmas when they arise; and to apply ethical decision-making processes to resolve dilemmas, utilizing professional and legal consultation as appropriate. Residents are expected to conduct themselves in an ethical manner in all professional activities.

c) Developing understanding and appreciation of individual and cultural diversity as these pertain to specialty practice within the area of clinical neuropsychology. The aim of the program is to graduate residents who are able to demonstrate capacity for self-reflection as it relates to interacting with people different from themselves; able to integrate current theoretical and empirical knowledge of diversity issues in practice; understand and appreciate the ways that cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessment; show ability to apply a framework for working effectively in scenarios involving individual and cultural diversity considerations not previously encountered over the course of their careers; and demonstrate ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

d) Aims of the program also include supporting residents towards advanced competencies related to professional identity (knowledge of the roles of clinical neuropsychologists in different settings); self-reflective practice; professionalism in all of their activities; and interpersonal skills and ability to engage in productive professional relationships.

e) In keeping with the Houston guidelines for training in clinical neuropsychology, our program also has specific aims focused on supporting resident's achievement of advanced competencies in the following domains related to the professional practice of clinical neuropsychology, including:

1) assessment
2) intervention
3) interdisciplinary systems/consultation
4) research
5) teaching/supervision
6) management/administration

The residency offers greater depth of supervised clinical experiences than is feasible for trainees in earlier stages of training. Examples include exposure to a wider variety of patients, including more complicated or challenging cases requiring specialized skill sets. Clinical evaluation, consultation and intervention activities involve the broad range of clients seen in VA health care system, challenging residents to cultivate an integrative bio-psychosocial perspective in their clinical roles.

We focus training experience and didactics to ensure that at the completion of the training, the successful resident will be a) eligible for state or provincial licensure or certification for the independent practice of psychology, b) prepared for independent practice in the area of clinical neuropsychology, and c) eligible for board certification in Clinical Neuropsychology by the American Board of Professional Psychology.

Supervision Model

Training faculty utilize a competency-based model in teaching, supervision, and mentorship. We recognize that residents come to us with different levels of experience and we strive to build upon baseline skills acquired during graduate school and internship. The resident will complete self-assessment early in the first year of training, and will receive ongoing formative evaluations from multiple supervisors, as well as regular summative evaluation at 6-month intervals. The resident are expected to display progressively more autonomy and responsibility over the course of the first and second years, gaining didactic and clinical experiences in an organized sequence. Mentorship is provided related to development of professional identity as a clinical neuropsychologist, and to the pursuit of training and early career objectives.

Training Experiences:

Advanced competencies specific to the practice of clinical neuropsychology are developed at the residency level through the following:

- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to clinical neuropsychology.

- Focused experiential learning involving immersion in supervised clinical experiences working with qualified mentors who are expert in clinical neuropsychology

- Opportunity to acquire experience and skills in teaching and supervision

- Opportunity to engage in research relevant to clinical neuropsychology under the mentorship of psychologists, psychiatrists and neurologists and other neuroscientists .

- Opportunity to be involved in program management, administration, and program development initiatives.

- Professional development and socialization into the profession and practice of clinical neuropsychology, including being treated as a junior colleague and gaining opportunities to internalize the role of clinical neuropsychologist and team leader / supervisor and teacher.

- A variety of didactic and experiential training opportunities designed to foster multicultural competence and the ability to work effectively with individuals of various ethnic backgrounds, sexual orientation status, and religious affiliations. Our training program is sensitive to individual differences and diversity and is predicated on the idea that Clinical Neuropsychology practice is improved when we develop a broader understanding and appreciation of individual differences. In our efforts to train culturally aware and competent clinical neuropsychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty have expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

The national training mission of VA is broad and explicitly includes training of health care professionals for the VA system, as well as for the nation. We train fellows and residents who go on to VA jobs, and we train others

who go on to work in research, academia, other medical centers, and the private sector. A number of our own postdoctoral fellows have recently gone on to obtain positions in VA careers, both here and at other facilities.

**Program Structure and Specific Training Settings**

As part of the overall training experience, first-year CN residents participate in a Psychology Training and Fellows Seminar led by Dr. Samuel Wan, Director of Training for the Psychology Postdoctoral Fellowship Program. The Seminar is designed for the exploration of professional, clinical, and training issues with other fellows and staff. Supervision, consultation, leadership, ethics, cultural diversity, licensure and career direction issues are discussed. Completion of the EPPP and CPLEE if appropriate is strongly encouraged well in advance of completion of the residency, and residents may use allocated authorized leave for study time.

Additionally, presentations and didactics will be offered based on fellows' interest and agenda.

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," residents also have opportunity to attend portions of the Clinical Neuropsychology Residency Faculty Meeting focused on program development and implementation. The CN Residents also have opportunities to participate in program development and take active leadership roles, including the opportunity to conduct an administrative project during their two years in the program. Examples of such are Quality Improvement Projects, or organizing various training seminars.

Clinical Training Settings:

1) SFVAHCS Neuropsychological Assessment Program: This Mental Health Service program provides specialized assessment and consultation services in response to referrals from a broad range of general medical and mental health clinics, as well as specialty programs within Neurology at the SFVAHCS including the Memory Disorders, Epilepsy, TBI, and Movement disorders (PADRECC) clinical teams. Consultation services are provided in both inpatient and outpatient settings. The program provides neuropsychological evaluations to veterans with developmental, acquired, and neurodegenerative disorders, and to veterans with comorbid medical and mental health conditions. Specialized evaluation services include learning disability evaluations, pre-surgical assessment of patients with Parkinson's disease and other movement disorders, epilepsy and other neurologic disorders screening for cognitive disorders in older veterans, including those with complex comorbid medical conditions. Depending on referral question, the evaluations may be designed to characterize the pattern of neuropsychological deficits and ability, monitor changes in functioning, facilitate refined diagnosis, guide care and treatment/discharge planning, rehabilitation strategies, and inform psychoeducational interventions to enhance family and caregiver adjustment. Supervisors: Nicole Crocker, Ph.D., Erica Kornblith, Ph.D., Scott Mackin, Ph.D., and Johannes Rothlind, Ph.D..

2) SFVAHCS Neurology Rehabilitation Medicine TBI Program: This interdisciplinary clinical program emphasizes interprofessional consultation among neurologists, rehabilitation medicine physicians, clinical neuropsychologists and other clinical psychologists, psychiatrists, social workers and primary care physicians. The program focuses on evaluation and treatment of veterans suffering symptoms associated with a history of head trauma, frequently in the context of comorbid PTSD or other adjustment issues, and challenges the clinician to remain sensitive to clinical issues that lie at the interface of neurocognitive and emotional functioning. Current VA Merit Awards support the implementation and refinement of evidence-based neurocognitive rehabilitation of individuals suffering from cognitive difficulties associated with TBI and comorbid mTBI/PTSD. Supervisor: Tatjana Novakovic-Agopian, Ph.D.

3) UCSF Memory and Aging Center: This program provides evaluation and care for individuals with cognitive problems, conducts research on causes and cures for degenerative brain diseases, and serves to educate health professionals, patients and their families. Comprehensive evaluation services are provided in order to determine the cause or causes of the patient's symptoms and to recommend treatment. The Center is staffed by specialists from a wide-variety of disciplines including neurology, neuropsychology, geriatrics, geropsychiatry, pharmacy, nursing, social work and speech pathology. Primary supervisor: Joel Kramer, Psy.D., ABPP-CN.

4) UCSF Epilepsy Center: This program offers neuropsychological assessment of surgical (pre- and post-operative) and nonsurgical patients, Wada (intracarotid amytal) assessments and extra-operative and intra-operative speech mapping related to lateralization of language and memory functioning. In this rotation, the resident interacts in clinical case conferences with neurologists, EEG technicians, neuroradiologists, clinician nurse specialists, and interventional radiology staff, becoming more familiar with the professional roles of each, and gaining familiarity with unique assessment and treatment needs of patients across the lifespan suffering different forms of epilepsy. Supervisors: Briana Paul, Ph.D., Brandon Kopald, Psy.D., ABPP-CN.

Rounds and Didactics (4-6 hours weekly) include the following:

*Clinical Neuropsychology Residency Video Tele-Conference Multi-site didactic* (Mondays, 9-11AM) Required for first and second-year resident. Resident joins with peers and faculty from other APA-accredited clinical neuropsychology residencies from VA's from across other portions of the United States, to participate in weekly teleconference didactic and discussion meetings. These didactics cover neurobehavioral syndromes, neuropsychological aspects of specific diseases, neuroanatomy, clinical decision making, cross-cultural issues, ethics and practice issues in professional neuropsychology, methods of comprehensive neuropsychological assessment, and fact-finding exercises and other focused training aimed at preparing the resident for the ABPP-CN Board Certification process.

*SFVAHCS Neuropsychology Didactic, Journal Club, and Case-Conference* (Wednesdays 1-2:30pm). Required for first and second-year residents. The didactic segment of this meeting offers opportunities for further review of foundations of neuropsychology, including functional neuroanatomy, neuropathology, understanding of scientific basis for different practices related to assessment, consultation and clinical intervention, other topics in neuropsychology (functional neuroanatomy, psychometric issues, relevant cognitive domains, clinical syndromes, legal and ethical considerations, human diversity and culturally competent practice,). Occasional case-presentations and fact-finding exercises also take place during these meetings. Journal Club/Discussion meetings alternately focus on topics directly pertinent to Diversity Equity and Inclusion in the practice of Clinical Neuropsychology, and other specific recent published articles identified by residents and/or training faculty. Residents assist in organizing the didactic presentation syllabus for these meetings.

*Post-doctoral Fellowship Seminar. (*Mondays, 3-4pm). Optional for first and second year residents: Residents will attend weekly seminars covering a wide range of advanced issues in psychology presented by various staff to the all VAMC post-doctoral residents (e.g., mandatory training modules necessary for professional licensure, Serious Mental Illness, Trauma, and Neuropsychology; weekly meeting).

*Diversity Committee Meetings* (Second Tuesday of each Month, 3-4pm). Strongly encouraged for first year and second year residents. Residents will attend monthly seminars covering a wide range of advanced diversity issues in psychology presented by staff from the diversity sub-committee of the Training Committee to the VAMC post-doctoral resident and residents (monthly). The committee focuses on several objectives: a) To

provide a forum for psychology interns, postdoctoral fellows, residents, and faculty members to discuss cultural and diversity issues as they arise in clinical practice. b) To increase training in cultural competence with regard to the full range of diversity represented by our patients. c) To increase and maintain cultural diversity among our psychology trainees and faculty members. Among the committee's activities are: presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees. During monthly committee meetings, members generate diversity-related ideas and discussion, including strategies for incorporating diversity into the selection of trainees and staff. The committee also has three separate subcommittees who work to provide diversity-related programming, including formal case discussions, panels, trainings, and celebrations.

*Brain, Mind and Behavior UCSF School of Medicine:* 10-week intensive series of lectures at UCSF School of Medicine. This course work covers CNS neuroanatomy and neuropathology, the neurological examination, and reviews multiple CNS disease prototypes. Lectures and powerpoints can be viewed remotely from SFVAHCS. Participation is required for residents who have not had prior intensive neuroanatomy coursework. Optional for others, but strongly encouraged.

*TBI/PTSD Journal Club* (third Wednesday of the month, 12-1pm) Multidisciplinary meeting (neurology, neuropsychology, PTSD psychology, primary care) focusing on discussion/review of pertinent research and clinical issues related to assessment and rehabilitation of TBI and PTSD. Required during clinical rotation.

*UCSF Memory and Aging Center Behavioral Neurology Case Conference and Grand Rounds (Fridays)*: Weekly case presentations covering complex topics in neurology. A wide range of didactic training opportunities occur through the UCSF Memory and Aging Center, including the inter-professional clinical case conference where all cases are discussed, a weekly Cognitive Neuroscience Seminar, and monthly Frontotemporal Dementia Teaching Case, monthly Clinical-Pathological Case Conference. Required during clinical rotation.

*UCSF Epilepsy Clinic Case Conferences and SFVAHCS Friday Epilepsy Case Conference (Thursdays 12-3pm, monthly):* These interdisciplinary clinical team meetings involve comprehensive review and discussion of findings from all clinical studies and presentations by staff and advanced trainees from the various clinical disciplines involved in the care of patients with known or suspected epilepsy (neuroradiology [MRI], neuropsychology [psychological and neuropsychological test results, Wada test findings and neurology [history and clinical findings, including EEG and other results], neurosurgery, and other disciplines) for clinical formulation and treatment planning.

*Neuropsychology Case Conference:* Dr. William Lynch Ph.D. ABPP-CN also coordinates a quartely case conference that is hosted by the VA-Northern California Health Care System, Kaiser-Vallejo Rehabilitation Hospital, and Medical Hill Rehabilitation Center on a rotating basis. Members present clinical cases that are often quite perplexing and unusual, with the goal of “stumping” or challenging the experts (Monthly, fall through spring of each year).

*Neuroimaging Rounds and Brain Cuttings* (encouraged when available): These didactic opportunities are periodically available across the year at SFVAHCS, and residents are encouraged to attend. The neuroimaging rounds cover special topics in neuroimaging and related neurological disorders and are presented through the department of radiology at the VAMC. Brain cuttings are presented through the Pathology department at the SF VAMC.

*Psychiatry, Neurology, and Cognitive Neuroscience Grand Rounds/Presentations (*optional for first and second year residents): Special topics in psychiatry and neurology are presented through the UCSF School of Medicine and the San Francisco VAMC, with live streaming of many of the rounds available for viewing at the SFVAHCS.

Attendance at meetings of local, national and international professional societies is also strongly encouraged. Residents are encouraged to participate in professional societies both on the local and national level. The Northern California Neuropsychological Forum (NCNF) is an active group of neuropsychologists who meet monthly for didactic presentations that vary from 1-3 hours or longer. This group also provides occasional day long presentations from a recognized leader in the field. Residents are also encouraged to attend national conferences, such as the International Neuropsychological Society (INS) National Academy of Neuropsychology (NAN), and APA (particularly the program offerings of the Division 40, Clinical Neuropsychology).

Specific Clinical Training Experiences:

The resident will gain clinical expertise and exposure to a broad range of clinical conditions through rotations in different clinical settings. Residents receive training in clinical neuropsychological assessment and consultation through the SFVAHCS Neuropsychology Assessment Program throughout the course of their training. The resident may elect one or more of the clinical programs served by the Neuropsychology assessment and consultation team (e.g. Memory Clinic, Epilepsy program, PADRECC, Medical Practice Clinic) for greater exposure and more advanced training. Either Memory and Aging Center or Memory Clinic are required for one year during the residency. One year of training in the Neuro Rehabilitation TBI clinic is also required. Additional rotations may take the form of regular weekly clinical involvement over the course of the residency, or may be in the form of more time-intensive but time-limited rotations lasting from 3-12 months.

1) SFVAHCS Neuropsychological Assessment Program: While rotating with this program the resident gains advanced training in provision of a range of clinical neuropsychological services to a broad range of veteran clients and consulting to a wide range of referring providers and teams. Services offered include neurocognitive screenings, comprehensive neuropsychological evaluations and consultations, feedback and education (to patients, family, and referral sources) and brief interventions with patients and families/caregivers. Consultations are provided to general medical and mental health clinics as well as to specialty programs, including the Memory Disorders, Epilepsy, and PADRECC clinical teams. Residents gain opportunities to conduct neuropsychological assessment of pre-surgical patients in the PADRECC and Epilepsy programs, including Wada (sodium amytal) assessments and intra-operative speech mapping related to lateralization of language and memory functioning in epilepsy patients. Residents also gain experience evaluating and consulting regarding diagnosis and treatment of veterans with suspected psychogenic non-epileptic seizures, somatization disturbances and malingering. Evaluations are tailored to facilitate refined diagnosis, rehabilitation, optimization of residual functioning and community integration (including enhancement of patient role functioning, and family and caregiver adjustment). Supervised experience with individual therapy and rehabilitation is also available. Residents also gain experience in interpreting longitudinal change in neuropsychological test performance in different clinical settings. Supervisors: Johannes Rothlind, Ph.D., Nicole Crocker, Ph.D., Scott Mackin, Ph.D. Erica Kornblith, Ph.D.

2) Rehabilitation Medicine TBI-Polytrauma Program at SFVAHCS: The resident will gain supervised experience focused on evaluation and treatment of veterans with diverse backgrounds, known or suspected to be suffering symptoms associated with head trauma and PTSD. In many cases, consultation explores clinical issues that lie

at the interface of neurocognitive and emotional functioning. Skills gained by the resident will extend to TBI-related psychoeducation for recently discharged veterans, detailed neuropsychological evaluation to aid diagnosis, interdisciplinary rehabilitation planning, consultation in a multidisciplinary setting, and neurocognitive rehabilitation. Supervisors: Tatiana Novakovic-Agopian, Ph.D.

3) Memory and Aging Center at UCSF: The resident will become part of a multidisciplinary team that provides screening, differential diagnosis, and consultation for adults with known or suspected dementia arising in late-life. The resident gains facility in carrying out neuropsychological assessment of dementia and consultation in a multidisciplinary environment. The resident will gain more direct familiarity with the roles of other professionals (neurology, geriatric psychiatry, geriatric medicine, social work, geriatric nurse practitioners) in the evaluation, care and treatment of individuals with cognitive impairment. The resident will obtain additional experience collaborating in assessment and treatment of adults suffering less common forms of cortical dementia such as Frontotemporal Dementia. Supervisors: Joel Kramer, Psy.D., ABPP-CN, Melanie Stephens, Ph.D,, Kaitlin Casaletto, Ph.D.

4) UCSF Epilepsy Center: The resident gains opportunities to conduct neuropsychological assessment of patients of diverse backgrounds with epilepsy and/or psychogenic non-epileptic seizures. Approaches to assessment include Wada (intracarotid amytal) assessments and intra-operative speech mapping related to lateralization of language and memory functioning. In this rotation, the resident interacts in clinical case conferences with neurologists, EEG technicians, neuroradiologists, clinician nurse specialists, and interventional radiology staff, becoming more familiar with the professional roles of each, and gaining familiarity with unique assessment and treatment needs of patients suffering different varieties of epilepsy. Supervisors: Brianna Paul, Ph.D., Brandon Kopald, Psy.D., ABPP-CN

Opportunities for Mentored Research

The resident will have the opportunity to assist or develop his/her own project within one of our ongoing clinical research studies involving individuals from diverse backgrounds in both VA and community settings. Some ongoing projects carried out at the SFVAHCS include studies examining methods of cognitive rehabilitation for TBI, PTSD, neuropsychological functioning in Parkinson's disease, outcomes of deep brain stimulation for Parkinson's Disease, pre-clinical markers for dementia, interventions to enhance cognitive function in late life, neuropsychological and neuroimaging markers of healthy aging and neurodegenerative dementia, and methods for the assessment of self-appraisal of neuropsychological functioning in healthy adults and individuals with neurological disease. A wide range of projects underway through UCSF Memory and Aging Center offer further opportunity for mentored research experience focusing on topics of relevance to clinical neuropsychological service with diverse populations. Residents are encouraged to become engaged in research and to present their research work within our group, submit it to national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology and the Cognitive Neuroscience Society, and to prepare and submit research manuscripts or other scholarly material to peer review journals. Each resident will be expected to spend at least 4 hours a week engaged in mentored scholarly activity. This may include participation in on-going research, preparation of a literature review, or development of an independent research project. Residents are expected to develop a product suitable for presentation at a scientific meeting or submission to a peer-reviewed journal during the course of their residency. (Time: 4-10 hours weekly).

Training in Teaching and Supervision (Peer Consultation):

The resident gains experience in the teaching of neuropsychological assessment and consultation skills to predoctoral interns throughout their training experience, and in presenting focused didactics to peers in postdoctoral training in clinical neuropsychology. The resident assist in teaching the Introductory Clinical Neuropsychology Didactic for predoctoral interns engaged in Neuropsychology rotation, preparing and giving formal didactic presentations on topics related to clinical neuropsychology at least twice yearly, and typically more often. Residents also have opportunities to teach modules related to neuropsychology to medical students during the Brain Mind and Behavior course. Residents also engage in supervision (peer consultation) of the clinical neuropsychological assessments carried out by pre-doctoral trainees (2-4 hours weekly), generally no later than at the beginning of their second year of residency.

Program Administration/Management/Leadership:

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," the resident will attend the Psychology Faculty Meeting chaired by Dr. Jennifer Boyd,, Chief Psychologist, when time permits. This meeting takes place 2-3 times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing.

The resident will also be encouraged to participate in ongoing program development in a continuously evolving medical center health-care environment. The resident will be provided with opportunities to participate in ongoing management and direction of clinical and training program, including program development, and involvement in administrative activities related to maintaining and improving service delivery and clinic functioning.

All residents are encouraged to choose an administrative project. Examples of such are serving on internship selection committee, assisting with Quality Improvement Projects, clinical case-load tracking procedures, organizing training seminars, etc..

Time commitment: The fellowship requires a one-year (52 week), full-time training commitment of approximately 40 hours per week. The Clinical Neuropsychology Fellowship requires a two-year commitment.

Other Mentorship:

The SFVAHCS Psychology Postdoctoral Fellowship program also provides residents access to mentors who are clinical psychologists and can be a source of consultation, guidance and support without having a simultaneous role in evaluating residents' progress in the training program. Residents are encouraged to elect to seek mentorship from one or more of the 20+ staff psychologists who have volunteered for this program in order to supplement mentorship provided by program supervisors, focus further on areas of personal and professional growth, and/or to receive mentorship advice in areas where program faculty hold less expertise.

**Program Structure (Example)**

Program Structure (Example)

Year One:

A. 70% Clinical

1. Core Experience (55%)
   a. 30% (6 patient/family contact hours/week) SFVAHCS Neuropsychology Programs
   b. 25% (4 contact hours/week) SFVAHCS Neuro Rehabilitation Medicine – TBI Clinic
2. Elective Rotation Experiences (15%)
   a. 15% time (3 contact hours/week) UCSF Memory and Aging Center (6-12 months).

B. 30% Didactic/Research/Administrative

1. 4-6 hours per week involvement in didactics conducted at the SFVAHCS, UCSF, and via Video-1tele-conference, including core courses, research seminars, grand rounds, case presentations and fact-finding exercises, neuro-imaging clinic, and neuroscience presentations. The resident is provided supervision in planning and presenting didactic modules.
2. The Resident must identify one or more research mentors. The mentor may be a member of the neuropsychology faculty or another investigator. with a VA and/or UCSF faculty appointment. The resident may spend 4-8 hours per week working on research during the first year.
3. The resident is encouraged to collaborate with program leaders to carry out activities related to ongoing program development and leadership/administration

Year Two:

A. 65% Clinical/Supervision Experience

1. Core Clinical/Supervision Experience
   a. (50%) (6-8 patient/family contact hours/week) SFVAHCS Neuropsychology Program, with greater emphasis on peer supervision to pre-doctoral interns.
2. Elective Rotation Experience (15%)
   a. 15% time (3 contact hours/week) UCSF Epilepsy clinic (6-12 month)

B. 35 % Research/Didactic/Teaching/Administrative/Program Development

1. 2-4 hours per week involvement in didactics conducted at the SFVAHCS, UCSF, in-person and/or via Video-teleconference, and other local sites. Includes core courses, research seminars, seminars sponsored by the Diversity committee, other grand rounds, case conference presentations and fact-finding exercises, and other related presentations. The resident is expected to take a role in planning and presenting select didactic presentations.
2. Each resident will have up to one full day (6-8 hours/week) protected research time, contingent on demonstration of productivity during their first year. Scholarly activities may include participation in on-going research, preparation of a literature review, or development of an independent research project.
2. The resident is encouraged to continue collaborating with program leaders to carry out activities related to ongoing program development and leadership/administration.

<u>Supervision:</u>

Each resident will receive at least four hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Fellows should expect to be assigned readings and literature reviews as part of their supervision.

Evaluations:

Our aim is to produce graduates who are prepared to assume a variety of roles as professional clinical neuropsychologists. This brochure outlines the aims and competencies that we feel are essential for this overarching goal. Evaluations are necessary to guide and determine our progress in achieving these competency objectives. Residents are formally evaluated twice per year (at 6, 12, 18, and 24 months) on each of the competency domains and elements. Evaluations are discussed with the resident and may be modified by mutual agreement before being placed in the training files. Residents are also asked to evaluate their supervisors and clinic rotations at each evaluation period, and an exit interview with the CN Residency Director of Clinical Training will be completed at the end of residency to solicit feedback and suggestions for the program going forward.

In recognition of the importance of setting, measuring and objectifying criteria for acquisition of comptenencies, our evaluation forms are used to quantitatively track successful mastery of the elements within each competency domain. At the time of each summative evaluation, ratings are based in part on direct observation (either live or electronically) of the competencies evaluated. This direct observation is conducted by the immediate supervisor responsible for the activity or experience being evaluated.

**Requirements for Advancement and Successful Completion of the Residency**

Residency is a full-time two year (52 week per year), commitment equaling approximately 4160 hours, with promotion to the second year is contingent on successful progress during the first year.

For residents to maintain good standing in the program they must:

- At each of the 6, 12, and 18 month evaluations, obtain ratings that are indicative of post-doc level competency in each domain, with clear evidence of progress in each training rotation .
- Not be found to have engaged in any significant ethical transgressions

For residents to successfully complete the program, they must:

- By the end of the second training year (24-month formal written evaluation), obtain ratings indicating advanced practice proficiency in all competency elements noted in the program aims and included on the evaluation form.
- Not be found to have engaged in any significant ethical transgressions

## Facility and Training Resources

The resident will have their own workspace with lockable cabinets, drawers, with access to computer and telephone. You may inquire about your office space during your interview. Residents are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Residents have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a room check-out procedure if necessary. Each VA computer has access to the internet and on-line literature search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available, including software for computerized administration and/or scoring. Clerical support is available through each clinical unit as well as through Psychological Services. The SFVAHCS Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Residents also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

## COVID-19 Response and Impact on Training

At the San Francisco VAHCS the health and safety of our psychology trainees, supervisors, veterans, and the community is of the utmost importance as is maintaining high quality training and excellent care of our nation's veterans. During the COVID-19 pandemic, the San Francisco VA's Clinical Neuropsychology Residency Program swiftly transitioned by strongly encouraging trainees to telework full time.

This approach has the full support of training, mental health, and medical center leadership. At this time, trainees are primarily using telehealth to offer direct clinical care to veterans, as well as to attend and participate in team meetings, didactics, and supervision among other experiences.

Given limitations on the kinds of evaluation and consultation that can occur using telehealth modalities, trainees may also have opportunity to participate in in-clinic room-to-room telehealth evaluation and consultations, coupled with limited face-to-face testing. When a trainee voluntarily opts to participate in on-site in-person evaluation and consultation activities, there are protocols established and adhered to for use of masks and face shields, social distancing, and regular cleaning of work spaces.

Since much remains uncertain locally and nationally about the pandemic, we cannot fully predict how service delivery and other training experiences within each focus area will evolve for the 2021/2022 training year, but we do not anticipate major changes to the base clinical services provided, populations served, or the didactics. We also anticipate that the current structure of primarily using telehealth will continue for some time and plan to update our training materials as the situation evolves. Please feel free to reach out to us if you have any questions or concerns.

## Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

**Procedures for due process** are in place in cases of problematic performance, as are grievance procedures to be followed by residents and staff alike.

## POLICY & PROCEDURES FOR PROBLEMATIC RESIDENT PERFORMANCE AND DUE PROCESS

### Introduction

It is the purpose of the Clinical Neuropsychology Residency Training Program to foster and support the growth and the development of residents during the training years. An attempt is made to create a learning context within which the resident can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, residents are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a resident is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with residents to identify both strengths and problem areas or deficiencies as early in the training as possible so as to be able to develop a plan with the resident to address the problem area(s) and build on the strengths.

### Definitions of Problematic Behaviors

For the purposes of this document resident "problematic behaviors" are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.
5. professional issues that interfere with the ability to perform satisfactorily as a clinical neuropsychologist – in – training.

Evaluative criteria which link this definition of "problematic behaviors" to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at quarterly intervals. These criteria are kept in mind throughout the year and discussions regarding a resident's progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a resident's behavior becomes serious rather than just problematic, for the purposes of this document a "problem" refers to a resident's behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professionals in training. Problems typically become identified as "severe" when they include one or more of the following characteristics:

1. the resident does not acknowledge, understand, or address the problem when it is identified
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training
3. the quality of services delivered by the resident is sufficiently negatively affected

4. a disproportionate amount of attention by training personnel is required
5. the resident behavior does not change as a function of feedback, remediation efforts, and/or time

## Policy

A. It is the policy that residents may fail a specific rotation, and/or entire residency and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the residents come with different skills and abilities, it is not expected that all residents will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. In addition to failing to show appropriate progress in competency domains outlined above, failure and/or termination may occur for any of the following reasons, but is not limited to this list:

1. incompetence to perform typical clinical neuropsychological services in this setting and inability to attain competence during the course of residency
2. violation of the ethical standards of psychologists
3. failure to meet the minimum standards for either patient contact, didactic training, or competence in core domains outlined in this brochure and in the evaluation form
4. behaviors which are judged as currently unsuitable and which hamper the resident's professional performance
5. violation of VHA or San Francisco VA Medical Center regulations

B. It is also the policy that the resident can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

## Procedures and Due Process

A. Determination of "Severe Problematic Behavior" Status

Whenever a supervisor becomes aware of a resident's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training for the residency. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the resident. The Director of Training will then present the situation to a meeting of the Training Committee, including other CN residency training faculty and postdoctoral training leadership (Post-doctoral Training Director, but minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the resident with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the resident's work and performance, and one or more meetings with the resident to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

A Resident who is determined with "severe problematic behaviors" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine

the necessary steps to correct it. Depending on the preference of the resident, members of the faculty at the Resident's graduate program may be consulted for input into this planning process. When a plan for correction has been determined, the resident will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the resident.

C. Procedure for Termination and Appeal

1. Due Process: The resident will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the resident's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the resident.

2. Appeal: Should the Training Committee recommend termination, the resident may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the resident) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

**Grievance Policy & Procedures**

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and residents that are based on mutual respect; however, it is possible that a situation will arise that leads a resident to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.

2. Causes for grievances should be addressed in the following steps:

The resident should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the resident should always notify the Director of Training for the CN Residency, even if the issue is resolved.

b. A situation might be too difficult for a resident to speak directly to the individual. In that instance, the Director of Training for the CN residency should be involved to seek an informal resolution of the matter.

c. If the steps taken in a and b above fail to resolve the matter adequately, the resident can file a formal written grievance with the Director of Training for the CN Residency. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training for the CN Residency has the responsibility to

investigate the grievance. The Director of Training for the CN Residency will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the CN Residency Director of Training (and Training Committee, if indicated), the CN Residency Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.

d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.

e. If the resident is not satisfied with the decision of the CN Residency Director of Training's or other designated member of the training committee (see section d above), the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

f. Finally, if the resident is not satisfied with the Chief Psychologists' decision, the matter can be appealed to the Commission on Accreditation with APA, who will review the complaint and decision.

## Application & Selection Procedures

The application deadline for the two-year postdoctoral residency in Clinical Neuropsychology **is December 11, 2020, 11:59pm PST.**

All materials should be submitted electronically through the APPA CAS (APPIC Psychology Postdoctoral Application) System at: **https://appicpostdoc.liaisoncas.com/applicant-ux/#/login**. Please do not mail any materials in hard copy form.

Contact Information

Questions regarding your application or other administrative questions should be directed to Roger Brown at Roger.Brown @va.gov or (415) 750-2189.

Specific questions regarding the training program may be directed to Dr. Johannes Rothlind at Johannes.rothlind@va.gov or 415-221-4810 x 26346.

The applications can be found at the end of this brochure and on our postdoctoral website

http://www.sanfrancisco.va.gov/education/psychologytraining.asp.

Eligibility:

Candidates MUST be graduates of **APA-accredited or Canadian Psychological Association (CPA) – accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology, and MUST have completed an **APA or CPA-accredited internship** with

additional general and specialized training to prepare the applicant for clinical neuropsychology residency training. All requirements for the doctoral degree must be completed prior to the start of the residency year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the residency.

Nondiscrimination Statement

The SFVAHCS Clinical Neuropsychology Residency Training Program greatly values diverse perspectives, experiences and backgrounds as a foundation for excellence in training, clinical service delivery, and other areas of professional practice. The program emphasizes respect for trainees, patients, and staff members with diverse backgrounds and perspectives, and is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAHCS programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer. We strongly encourage applications from qualified individuals who will enhance the diversity of our program.

For more information concerning the VAHCS commitment to diversity and inclusion, please go to the VA Office of Diversity and Inclusion webpage: https://www.diversity.va.gov/

Selection Process

Completed applications are reviewed by the supervisors of the Clinical Neuropsychology Residency (who are members of the Psychology Training Committee) and the current postdoctoral CN resident. These members, in addition to the Director of Training for Psychology Postdoctoral Fellowship and Residency, form the Residency Selection Committee for each area of emphasis.

Application ratings are based on the applicant's experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.), and written material. Ultimately, our selection criteria are based on a "goodness–of–fit" and we look for residents whose experience and career goals match the training that we offer. If you have been selected to interview, you will be invited by telephone by the Director of the Clinical Neuropsychology Residency training program or another member of the selection committee. All applicants will be notified whether they will be invited or not either by telephone or by email no later than January 15th, 2021.

Interviews

Interviews will be offered to highly ranked applicants. Given the social-distancing precautions necessary to minimize risk of COVID-19, interviews are expected to take place via video-teleconference. Interviews will typically consist of individual 30-45 minute meetings with members of the Residency Selection Committee (supervisors, residents and the Director of Training).

Notification

Following interviews, the selection committee will again rank-order applicants, and an offer will be extended to the top applicant as soon as possible after a decision has been made by the committee. If offers are not accepted, we will continue to extend offers down the rank-ordered list until the position is filled. We expect to begin extending offers no later than Friday, January 25th, 2021.

Training Term

The residency is a full-time, two-year, 52-weeks per year commitment beginning on or around September 7, 2021 and ending on or about September 6th, 2023, with promotion to the second year contingent on successful progress during the first year. One year at full-time equals approximately 2080 hours. Residents are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

Stipend and Benefits

The current stipend is $55,656 per year for the first year, $58,665 for the second. State and federal income tax and FICA are withheld from residents' checks. Residents are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers residents for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for residents on a matching basis, (i.e., residents pay half of the premium and the VA pays the other half.) Health benefits are not offered for all recognized marriages, please check with us for exceptions. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program. Residents are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities. In most years, residents receive extra funding for a conference, although the amount is not known until the beginning of the Fiscal year (October).

Specific Application Procedures

To apply for our residency please submit the following elements of the application packet by **December 11, 2020**:

1. The Application form (found at the end of this brochure)
2. Cover Letter
3. Current Curriculum Vitae
4. Three letters of recommendation
5. Official graduate school transcripts, sent directly from the registrar's office.
6. A letter from your dissertation chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral

residency begins. Please note we will be monitoring dissertation progress and status on a routine basis.

7. A letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship is already completed, you can mail a copy of your pre-doctoral internship certificate.

8. Three work samples (these may be de-identified clinical case reports or some combination of clinical case reports and published scholarly work or conference abstracts)

Submit application materials to the APPA CAS (APPIC Psychology Postdoctoral Application) System:

**https://appicpostdoc.liaisoncas.com/applicant-ux/#/login**.

The San Francisco VA's Psychology Fellowship Program (including the CN Residency) is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is affiliated with the University of California, San Francisco.

The SFVAHCS Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); following the most recent site visit and program review in 2019, the program was awarded continued accreditation for an additional ten-years, through 2029.

The San Francisco VA's Psychology Fellowship is separately accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit for that program is scheduled for 2021.

**Commission on Accreditation (CoA), American Psychological Association** 750
First Street, NE
Washington, DC 20002-4242
202-336-5979 www.apa.org/ed/accreditation/

Other Information

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

## Core Faculty

Administrative Faculty

Johannes Rothlind, Ph.D., Director of Training for the SFVAHCS Clinical Neuropsychology Residency
Nicole Crocker, Ph.D., Assistant Training Director, Clinical Neuropsychology Residency

Clinical and teaching faculty

Brianna Paul, Ph.D., UCSF Epilepsy Program and Memory and Aging Center
Kaitlin Casaletto, Ph,D., UCSF Memory and Aging Center
Nicole Crocker, Ph.D., SFVAHCS Neuropsychology Program
Brandon Kopald Psy.D., ABBP-CN, UCSF Epilepsy Program
Erica Kornblith, Ph.D. SFVAHCS Neuropsychology Program
Joel Kramer, Psy.D., ABPP-CN, UCSF Memory and Aging Center
Scott Mackin Ph.D., SFVAHCS Neuropsychology Program
Tatiana Novakovic-Agopian, Ph.D., SFVAHCS Rehabilitation Medicine TBI/Polytrauma
Johannes Rothlind, Ph.D., Program Manager, SFVAHCS Neuropsychology Program

Supervision and mentorship are available from other psychologists, psychiatrists, and neurology staff working at the training sites listed in this brochure.

## Appendix A

### BIOGRAPHIES, CORE FACULTY

**Kaitlin Casaletto, Ph.D.**

Dr. Casaletto is an Assistant Professor of Neuropsychology in Neurology at the UCSF Memory and Aging Center, and serves as a supervisor for the Clinical Resident during their UCSF Memory Clinic Rotation and as a potential research mentor. Dr. Casaletto obtained her Ph.D. in Clinical Psychology from the UCSD/SDSU Joint Doctoral Program in 2016. She completed her clinical internship as part of the UCSF Clinical Psychology Training Program in the Department of Psychiatry, and her post-doctoral fellowship in Neuropsychology at the UCSF Memory and Aging Center in the Department of Neurology. The overarching aim of Dr. Casaletto's research is to understand resilience to brain aging and neurodegeneration. Her research program deeply phenotypes the lifestyle behaviors (e.g., physical exercise, mental stimulation) and biology that shape age-related brain health with the goal of identifying biologically-potent intervention points to prevent dementia. She has a particular focus on application of novel molecular fluid biomarkers (plasma, cerebrospinal fluid, exosome) reflecting neural, immune, and vascular functioning to highlight relevant neurobiological pathways related to resilient aging. She has also been closely involved in psychometric evaluation of neuropsychological measures, including leading development of normative standards for the NIH Toolbox Cognitive Battery. In clinic and the community, she is passionate about diagnosis and treatment of age-related neurodegenerative disease and increasing awareness of brain health behaviors for vulnerable populations.

**Nicole Crocker, Ph.D.**

Dr. Crocker is a Clinical Neuropsychologist at the San Francisco VA Medical Center (SFVAHCS) and serves as the Assistant Training Director for the Clinical Neuropsychology Residency. Dr. Crocker earned her PhD in Clinical Psychology with an emphasis in Neuropsychology from the San Diego State University/University of California, San Diego Joint Doctoral Program in 2014. She completed her Clinical Internship and two-year postdoctoral Neuropsychology Residency at the SFVAHCS. Her clinical interests include assessment and consultation with a broad range of patient populations with neuropsychiatric and neurological conditions, including neurodegenerative disease and dementia, traumatic brain injury, stroke, epilepsy, developmental disorders, substance use disorders, mood disorders, and PTSD.

**Brandon E. Kopald, Psy.D., ABPP-CN**

Dr. Kopald is a clinical neuropsychologist at UCSF Epilepsy Center. He received his BA in Psychology from the University of Wisconsin-Madison and his Psy.D. in Clinical Psychology from Roosevelt University. He completed a pre-doctoral Clinical Psychology Internship, specializing in Neuropsychology, at Northshore-Long Island Jewish Medical Center Epilepsy Center. He followed with a two-year fellowship in neuropsychology and clinical magneotencephalography (MEG) for presurgical epilepsy patients at the University of New Mexico Epilepsy Center and the Mind Research Network. He co-directed the neuropsychology clinic and training program at Highland General Hospital before joining the faculty in Neurology at UCSF. Dr. Kopald performs neuropsychological and WADA evaluations for patients in the Epilepsy Center. He is also part of a team of doctors that conduct extra and intraoperative language mapping for neurosurgical patients. He is actively involved in clinical research in epilepsy and interested in the dynamic relationship between frontal

lobe/executive functions and depression, and the impact of these factors on post-surgical cognitive outcomes. He also takes an active role in training the next generation of clinical neuropsychologists.

**Erica Kornblith, Ph.D.**

Dr. Kornblith is a Staff Neuropsychologist and Clinical Research Psychologist at SFVAHCS, She earned her PhD from California School of Professional Psychology and completed an APA-accredited internship in Clinical Psychology at VA Sierra Nevada Health Care System in Reno, NV. She completed postdoctoral clinical and research training in neuropsychology, with an emphasis in TBI/Polytrauma Rehabilitation, at SFVAHCS. Her research, funded by VA Rehabilitation Research and Development, focuses on the rehabilitation of executive function in aging Veterans with TBI and using technology to increase access to cognitive rehabilitation for this population. Additional research interests include identifying factors impacting response to cognitive rehabilitation intervention; the epidemiology of dementia; and cognitive aging, particularly in Veterans with history of TBI. Clinical interests include assessment, consultation, and intervention in adolescents and adults with a range of neurological, psychiatric, and developmental disorders. Dr. Kornblith's clinical specialty is in the assessment and treatment of the cognitive and emotional sequelae of TBI and acquired brain injury, particularly among older Veterans, and in addition to assessment, she provides both individual and group-format cognitive rehabilitation interventions to patients at SFVAHCS.

**Joel Kramer, Psy.D, ABPP-CN**

Dr. Kramer is a Clinical Professor of Neuropsychology in Neurology at the University of California San Francisco, and the Director of the Memory and Aging Center Neuropsychology program. Dr. Kramer earned his Doctorate in Psychology at Baylor University and completed a postdoctoral residency at the Martinez VA hospital. Dr. Kramer is board certified in clinical neuropsychology and serves on the Board of Directors of the American Academy of Clinical Neuropsychology. Dr. Kramer has been extensively involved in studying the cognitive changes associated with brain disorders for the past two decades. He has co-authored widely used neuropsychological measures of memory and executive functioning. Much of his work has been devoted to identifying the different ways in which neurodegenerative diseases affect memory and other abilities and in utilizing these differences to improve differential diagnosis in clinic. Dr. Kramer's active areas of research include studying the cognitive effects of cerebrovascular disease and frontotemporal dementia, identifying behavioral markers of pre-clinical Alzheimer's disease, and understanding the relationships between aging, hormones and behavior.

**Scott Mackin, Ph.D.**

Dr. Mackin is a staff neuropsychologist at the SFVAHCS and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco. Dr. Mackin received his PhD in Clinical Psychology at Pennsylvania State University, he completed an internship in Clinical Neuropsychology at the Medical University of South Carolina, and he completed his postdoctoral residency in Clinical Neuropsychology at the University of California, Davis School of Medicine. Dr. Mackin's program of research is focused on the association of structural brain abnormalities with cognitive impairment, treatment outcomes, and disability in older adults with depression. In 2011, Dr. Mackin was the recipient of the American Association of Geriatric Psychiatry Early Career Scientist Award from for his contributions to the field

**Tatjana Novakovic-Agopian, Ph.D.**

Dr. Novakovic-Agopian is a Rehabilitation Neuropsychologist at the SFVAHCS Neurology and Rehabilitation Service and the TBI- Polytrauma Clinic, and directs TBI/Polytrauma Rehabilitation Neuropsychology research fellowship at the SFVA.. She is also an Associate Clinical Professor at the Department of Psychiatry UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAHCS, VANCHCS and UC Berkeley. She has received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

**Brianna Paul, Ph.D.**

Dr. Paul is a clinical neuropsychologist in the Department of Neurology at the University of California San Francisco, where she is also an assistant clinical professor, since 2009. She provides clinical neuropsychological services in the Epilepsy Center, working with children, adolescents, and adults. Dr. Paul received her Ph.D. in Clinical Psychology from the UCSD/SDSU Joint Doctoral Program in 2007. She completed an APA-accredited pre-doctoral internship at the UCLA Neuropsychiatric Institute and Hospital and the Department of Psychiatry from 2005-2006, and a two-year post-doctoral residency in clinical neuropsychology (child) at the UCLA Semel Institute in 2009. In addition to clinical work, Dr. Paul has expertise in the use of neuropsychological and neuroimaging techniques to study neurodevelopmental populations, and has published on diverse topics in developmental and adult neuropsychology.

**Johannes C. Rothlind, Ph.D.**

Dr. Rothlind directs the Neuropsychology Program at the SF VAMC and is the director of the Clinical Neuropsychology Residency training program. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his Ph.D. in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine Dr. Rothlind's responsibilities at the SFVAHCS include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He provides both teaching and supervision to clinical psychology trainees (practicum students, interns, post-doctoral residents). Dr. Rothlind also maintains active collaboration with SFVAHCS and UCSF investigators on research projects examining neuropsychological functioning in Parkinson's disease. His research interests include neuropsychological outcomes following deep brain stimulation for treatment of Parkinson's disease, and methods for evaluating self-appraisal of neuropsychological functioning. He currently serves as the lead neuropsychologist for, and is active on the

executive committee of the multicenter NINDS-VA Cooperative Study group investigating long-term effects of deep brain stimulation for treatment of Parkinson's disease.

**BIOGRAPHIES FOR OTHER FACULTY INVOLVED IN PROGRAM MANAGEMENT AND TRAINING:**

**Samuel Wan, Ph.D**,

Dr. Wan is a Staff Psychologist with the SFVAHCS Substance Use and PTSD Clinic (SUPT), an Assistant Clinical Professor of Psychiatry at UCSF, and the Director of Postdoctoral Fellowship Training at the SFVAHCS. He completed his predoctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the San Francisco VA Medical Center. He received his PhD in Counseling Psychology from Boston College, and subsequently collaborated on a clinical research project investigating the efficacy of treatments for co-occurring chronic pain and PTSD. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. He is currently serving as Chair of the Planning Committee for the Annual VA Psychology Leadership Conference, Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity), Member of the VA Psychology Training Council's Multicultural and Diversity Committee, and as Chair of the Psychology Diversity Committee. For 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected as the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the Association of VA Psychologist Leaders. For 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

## *Trainees and Program Alumni*

### *Doctoral Programs Attended by Current and Recent Fellows:*

Palo Alto University
University of Florida, Gainesville
University of Arizona
University of California, San Diego
Texas A&M University
Drexel University
University of Cincinnati
University of Utah
Pepperdine University
University of Montana

### *Internship Programs Attended by Current and Recent Fellows*

New York University Langone Health – Rusk Rehabilitation
Boston VA
San Francisco VAHCS
Michael E. DeBakey VAHCS
Emory University School of MedicineGreater Los Angeles Health Care System VAHCS
University of California San Diego-VA Consortium
Jesse Brown VAHCS
Black Hills Health Care System VAHCS

### *Initial Placements of Recent Graduates*

Foresight Mental Health Services
Thomas Jefferson University School of Medicine, Philadelphia PA (neuropsychology staff)
San Francisco VAHCS, (neuropsychology staff; 2 graduates)
Research psychologist SFVAHCS and Private Practice (clinical neuropsychology, 2 graduates)
University of Vermont School of Medicine, Burlington VT (neuropsychology staff)
Laguna Honda Hospital and Rehabilitation Center, San Francisco CA (neuropsychology staff)
Anchorage VAMC, Anchorage AK,(neuropsychology staff)

## APPLICATION

### San Francisco Department of Veterans Affairs Medical Center
### Postdoctoral Residency in Clinical Neuropsychology

Deadline: December 11th, 2020

***Identifying Information***

Name U.S. Citizen?

Mailing Address

Email

Work Telephone
Home Telephone
Cell Telephone

***Doctoral Program***

Program APA-approved? Yes / No

Program Type (circle): Clinical/Counseling? University/Professional?

Doctoral Degree Psy.D./Ph.D. Completed? Yes / No

If Answer to Above is "No", please specify the following:

Describe in detail the status of your dissertation.
Date on which you expect to compete all requirements for the doctoral degree.
Include a letter from your dissertation chairperson describing your dissertation status and timeline.

**Pre-Doctoral Internship**

*Pre-Doctoral Internship Completed? Yes / No Date:*

Pre-Doctoral Internship APA-approved? Yes / No

Postdoctoral Experience(s) (if any, list)

U.S. Citizen? Yes / No (You must be a US citizen to receive consideration for this position)

U.S. Military Veteran? Yes / No

**Application Checklist**

1_____ Completion of Application Form

2_____Current Curriculum Vitae

3_____ Cover letter: Please use the letter to supplement information about yourself NOT included in your CV and other application information. In your letter, you may choose to elaborate on your preparation for post-doctoral training in clinical neuropsychology, personal strengths, gaps/deficiencies in past training or experience, goals for the residency, and/or your career goals. Please state reasons why you believe you would be a good "fit" for this residency program.

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4_____A letter of support from current Internship Training Director indicating that you are in good standing to successfully complete your pre-doctoral internship, including completion date. If already completed, you can mail a copy of your pre-doctoral internship certificate.

5_____ Dissertation title and date completed. If not completed, please provide letter from your dissertation chairperson describing your dissertation status and timeline (If you have not completed doctoral degree). Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the
start of the fellowship year.

6_____Three letters of recommendation in support of your application

7_____ Official graduate school transcripts mailed directly from the University Registrar

8_____ Three work samples, at least two of which are redacted clinical evaluation summaries. Other work-samples may include published manuscripts on which you are a main author, additional clinical evaluation summaries, or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency

9_____Graduate School Transcript

Please submit electronic applications **by December 11, 2020, 11:59pm PST** exclusively to the APPA CAS (APPIC Psychology Postdoctoral Application) System at:

**https://appicpostdoc.liaisoncas.com/applicant-ux/#/login**.

Please do not mail any materials in hard copy form.

**For further information about the residency and/or the application process, please email or call Dr. Rothlind at (415) 221-4810 ext. 26346. Johannes.rothlind@va.gov**

**Only Typed Applications Accepted**

Application Deadline: December 11, 2020 Approximate Start Date: September 7, 2021

Interviews will be arranged for top candidates based upon a review of written application materials. In general, in-person interviews will be required; however, phone interviews may be made available in the event of special circumstances. Please call us to advise of any problems or special considerations relating to your availability for an in-person interview.

***Thank you for your interest in and consideration of the SFVAHCS Clinical Neuropsychology Residency for your postdoctoral training!***